MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09700

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Showells, Md Rural
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville, Rural
STREET ADDRESS (If rural give location) Route # 1

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) James (Last) Carney
4. DATE OF DEATH (Month) Sept (Day) 27 (Year) 1950
5. SEX M
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 2-1947
9. AGE last birthday 3 yrs. If under 1 year: Months 5 Days 25 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Parrish, N Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Carney
14. MOTHER'S MAIDEN NAME Minnie May Fearnage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Conflagration — Two minutes

916.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

180

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Set after oil stove burning in room below

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Showells (COUNTY) Wash. (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. T. E. Antonius (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 9/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/28/50
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 9-28-50
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anne A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 30 1980
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

09701

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snowhills, Rural
LENGTH OF STAY (If this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville Rural
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Joseph	Carney	Sept	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	Single	Feb 1 1950	yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Del	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Carney	Minnie May Jarmage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Minnie May Jarmage

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Conflagration	
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
180 (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: House set ablaze by oil stove & burned to ground. Temporary residence. See below.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home	(CITY OR TOWN) Snowhills	(COUNTY) Wor	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr W E Ostrom's	Dep Md Exam	Pocomoke City Md	9/27/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/29/50	St Pauls Cem	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-28-50	Helen F Hayward	Jesse D Bunting	Berlin Md

VS. A15A

RECEIVED
SEP 30 1960
BUREAU V. S

09702

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snowell, Rural
LENGTH OF STAY (in this place) 6 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville Rural
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) Theodore (Middle) (Last) Carey Carney
4. DATE OF DEATH (Month) Sept (Day) 27 (Year) 1950
5. SEX m
6. COLOR OR RACE cl
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 15-1948
9. AGE last birthday 2 yrs. If under 1 year Months 2 Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Berlin Md.
12. CITIZEN OF WHAT COUNTRY N S A
13. FATHER'S NAME Robert Carney
14. MOTHER'S MAIDEN NAME Minnie May Turnage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Conflagration	Few minutes
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
180	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. House set ablaze by oil stove left burning in room below

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Snowells (COUNTY) Worc (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Costonius (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 9/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/28/50
NAME OF CEMETERY OR CREMATORY St. Pauls.
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 9-28-50
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Duane A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 30 1960
BUREAU P. S

09703

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
LENGTH OF STAY (in this place) Lifelife
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ethel (Middle) Belle (Last) Culver

4. DATE OF DEATH (Month) Sept. (Day) 15 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 18 1873
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Near Princess Anne Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Preston Tavrend
14. MOTHER'S MAIDEN NAME Narcissa Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Lottie Holston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coccinoma of Stomach c̄	9 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastasis generalized	
	(c) Anemia res. cr. Jaundice	3 mo

151X
46b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 15 Sept, 1950, that I last saw the deceased alive on 15 Sep, 1950, and that death occurred at 3 a.m. m., from the causes and on the date stated above.

SIGNATURE Herman A. Robbins M.D. (Degree or title) ADDRESS 5 Bay St Berlin, Mass DATE SIGNED 9/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/17/50
NAME OF CEMETERY OR CREMATORY Perryhaven Cemetery
LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REG. 9/19/50
REGISTRAR'S SIGNATURE Leroy Smith per RS
24. FUNERAL DIRECTOR Dale Haskell ADDRESS Princess Anne

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09704

Reg. Dist. No. 350

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Pocomoke
MARYLAND — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George		Franklin	Sept.	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Aug. 22 1879	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Franklin	Ellen Haywood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	7	Mary Franklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
199.1 Immediate cause	(a) Cancer of Thigh + Abdomen	1½ yrs
Antecedent cause(s)		
55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 2, 1950, to Sept., 1950, that I last saw the deceased alive on June 3 1950, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE: N. E. Sartorius (Degree or title) ADDRESS: Pocomoke City Md DATE SIGNED: 9/19/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 21, 1950	Pocomoke, Md.	Pocomoke	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 21, 1950	Anne E. White	J. Edgar Thomas,	Accomac, Va

VS. A15

7679

RECEIVED
SEP 27 1950
BUREAU V. S

83

09705

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 353

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2nd St. & North

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin Md.; STREET ADDRESS (If rural give location) North 2nd St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LAUREL	LONG	MCCOLLEY	Sept.	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Aug 31, 1867	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Wells Long

14. MOTHER'S MAIDEN NAME: Sarah Jane Hickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elizabeth Hickford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of bladder	3 years
181X Antecedent cause(s)		
52b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Ununited fracture of hip, right	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June, 1946, to 9 Sept, 1950, that I last saw the deceased alive on 8 Sept, 1950, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Nathaniel L. Thomas	M.D.	Ocean City	9 Sept 50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 11 1950	Arnold Long.	Frankford	Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 20, 1950	H. R. Bergey (Asst.)	Kelley H. Watson	Pocomoke Md

VS. A15

RECEIVED
SEP 26 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

09706

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City | LENGTH OF STAY (in this place) Mod of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Md.
STREET ADDRESS (If rural, give location) 404 Bonneville Ave.

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) Olivia (Last) Mills

4. DATE OF DEATH (Month) Sept (Day) 15 (Year) 1950

5. SEX F | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH July 1 - 1868 | 9. AGE last birthday 82 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (State or foreign country) Oak Hall Va | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Purnell | 14. MOTHER'S MAIDEN NAME Sarah Anne Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. No | 17. INFORMANT Sue Mills daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probably — Coronary disease | Instantaneous

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension | S.R.

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. E. Tartonius (Degree or title) Dep. Med. Ex. ADDRESS Pocomoke City Md DATE SIGNED 9/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept 18, 1950 | NAME OF CEMETERY OR CREMATORY Hall Hill Cem | LOCATION (City, town, or county) Pocomoke (State) Md

DATE REC'D BY LOCAL REG. Sept 18, 1950 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR Booker Mlwesh | ADDRESS Salisbury

51086

RECEIVED
SEP 20 1950
BUREAU V. S

09707

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 128 OCT 6 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH· COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, rural — LENGTH OF STAY (in this place) 11 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 3	STREET ADDRESS RFD 3 (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) BESSIE	(Middle) H.	(Last) MURPHY	4. DATE OF DEATH (Month) Sept 26, (Day) 1950 (Year) 19
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan 24 1895	9. AGE last birthday 55 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker	10b. KIND OF BUSINESS OR INDUSTRY Canning	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME William Harrel		14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) None	16. SOCIAL SECURITY NO. 214-28-1358	17. INFORMANT AND ADDRESS Emily Jackson RFD 3 Pocomoke Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1 Immediate cause (a) Cancer of Liver — 6 mo.

46 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Sept 26, 1950, that I last saw the deceased alive on Sept 25, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE C E Critcher (Degree or title) ADDRESS New Church DATE SIGNED 9-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/1/50	NAME OF CEMETERY OR CREMATORY St. James Cemetery	LOCATION (City, town, or county) (State) Snow Hill, Md.
DATE REC'D BY LOCAL REG. Sept. 30, 1950	REGISTRAR'S SIGNATURE Anne E White	24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.	ADDRESS

496 x 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

214-28-1358

09708

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City — LENGTH OF STAY (in this place): 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Mdl. — COUNTY: Sussex. ~~Worcester~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean View
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Harvey Meridith Ruark
4. DATE OF DEATH (Month) (Day) (Year): Sept. 28 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: April 27 1893
9. AGE last birthday: 57 yrs. — If under 1 year: Months 5, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: worked by day
11. BIRTHPLACE (State or foreign country): Salisbury Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John William Ruark.
14. MOTHER'S MAIDEN NAME: Belle Wingate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. William Ruark. Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Ht lung c metas assis to brain — INTERVAL BETWEEN ONSET AND DEATH: 9 Mos

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 28 Sept, 1950, that I last saw the deceased alive on 28 Sept, 1950, and that death occurred at 7:27 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): N. L. Thomas — ADDRESS: Ocean City — DATE SIGNED: 28 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial. — DATE THEREOF: Sept. 30, 1950 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county) (State): Berlin Md

DATE REC'D BY LOCAL REG.: 9-30-50 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Anna A. Burbage — ADDRESS: Berlin Md

314 V9

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
OCT 28 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09709

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Berlin Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (In this place) 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Next no #

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) Martha (Last) Truitt

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 9, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Minas Smith

14. MOTHER'S MAIDEN NAME: Sallie Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Louise Burbage Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83x (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-48 to 9-9-50, that I last saw the deceased alive on 9-9-50, 19..., and that death occurred at 2:15 m. from the causes and on the date stated above.

SIGNATURE Clyde E. Schott (Degree or title) M.D. ADDRESS Berlin Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF Sept 12, 1950 | NAME OF CEMETERY OR CREMATORY New Hope | LOCATION (City, town, or county) Willards (State) Md.

DATE REC'D BY LOCAL REG. 9-12-50 | REGISTRAR'S SIGNATURE Helen F. Hayward | 24. FUNERAL DIRECTOR AND ADDRESS M. Pasho Watson Salisbury Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 13 1950
BUREAU V. S

Evidence for change in 8 & 9 shown on:

09710

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

FILM No. G 128 SEP 26 1950

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Drake (Last) Woodland
4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 26 1888
9. AGE last birthday: 62 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman
10b. KIND OF BUSINESS OR INDUSTRY: State Tong
11. BIRTHPLACE (State or foreign country): Crisfield Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alexander W. Woodland
14. MOTHER'S MAIDEN NAME: Sarah Ella Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or nokoowo): yes — (If yes, give war or dates of service): 1914 Mexican trouble
16. SOCIAL SECURITY NO.: 212-03-5615
17. INFORMANT: Mrs. Raymond Woodland (Wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris — Seconds

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Disease — 7 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was attending a Convention of Lost Tribe of Pythian Knights of North America Family and going to Convention

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. M E Dantorus (Degree or title) Dep. Medical Examiner ADDRESS Pocomoke City Md DATE SIGNED 9/1/50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 9/4/50 — NAME OF CEMETERY OR CREMATORY Crisfield Cem — LOCATION (City, town, or county) (State) Crisfield Md.

DATE REC'D BY LOCAL REG. 9-5-50 — REGISTRAR'S SIGNATURE Helen F Hayward — 24. FUNERAL DIRECTOR Durand Covington — ADDRESS Crisfield Md.

11297

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 18 1950
BUREAU V. S